

EXHIBIT 2

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

IN RE DEPAKOTE: RHEALYN)
ALEXANDER, et al.,)
Plaintiffs,) Case No.
v.) 12-52-NJR-SCW
ABBOTT LABORATORIES INC.,) LEAD CONSOLIDATED
Defendants.) CASE

)

DEPOSITION OF AL C. EDWARDS, M.D.

Monday, October 3, 2016

Greenville, South Carolina

8:59 a.m.

REPORTED BY: Karen K. Kidwell, RMR, CRR

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1 Q. Okay.

2 A. And I just noted up there, I noticed that
3 she was not pregnant, and the risk was discussed on
4 that same note. That was in a handwritten note.

5 Q. Okay. Where is that?

6 A. It says, "List all other current
7 medications and substances (center and non-center)."
8 It says, "Negative pregnant, P-R-E-G, risk
9 discussed."

10 Q. Okay. Doctor, was Depakote the first
11 medication you had prescribed to Ms. Burnett for
12 treatment of seizures?

13 A. Yes.

14 Q. To your knowledge, had Ms. Burnett been on
15 any medications in the past for treatment of
16 seizures?

17 A. No. I did not know that, that she -- if
18 she had.

19 Q. Okay. All right, Doctor, if you'll flip
20 to 129?

21 A. Okay.

22 Q. And is this a January 13th, 1999 visit by
23 Ms. Burnett to you?

24 A. Yes.

25 Q. Okay. And how is she doing at this visit?

1 about medications.

2 A. Right.

3 Q. And we discussed that the label is one of
4 the sources that you get information about a
5 medication; is that correct?

6 A. Right.

7 Q. So would it be fair to use the 1999
8 Depakote label as a guide for what you most likely
9 would have discussed with her about Depakote?

10 A. It -- it possibly could be, yes. I mean,
11 that would be a -- the labeling and what's in let's
12 say the PDR about a drug would definitely be a guide.

13 Q. Okay. Doctor, do you ever recall being
14 visited by sales reps on behalf of Abbott?

15 A. I probably have, but I don't know. I
16 mean, I'm sure I have at some point in time.

17 Q. Okay.

18 A. I mean, I have no recollection -- no
19 independent recollection of any of them, though.

20 Q. Okay. Don't recall ever being visited by
21 these reps about Depakote?

22 A. I'm sure I have been --

23 Q. Okay.

24 A. -- over the years. I mean, I've been
25 practicing almost 30 years now so I'm sure I have

1 probably, but I couldn't tell you when or where.

2 Q. Okay. Do you recall ever being provided
3 with a pad of patient information leaflets for you to
4 provide to patients?

5 A. About Depakote?

6 Q. Yes, sir.

7 A. I don't recall that.

8 Q. Don't recall that, okay.

9 A. I mean, I could have, but I mean, I just
10 don't recall.

11 Q. Okay. Doctor, do you currently prescribe
12 Depakote?

13 A. Yes.

14 Q. Okay. Do you currently prescribe it in
15 women of childbearing potential?

16 A. Definitely I try not to. There's probably
17 an exception to that. I see women that have just
18 given birth at a facility, at Serenity Place here in
19 town and drug-addicted women, and some of them may
20 have been on Depakote for various reasons, seizure
21 disorders and things.

22 Q. Why do you try not to prescribe Depakote
23 to women in childbearing potential currently?

24 A. Well, it is known -- it's like a --
25 currently a black box warning about potential, you

1 Q. And just so I can understand something.
2 In your discussions with Ms. Williamson in terms of
3 the -- the reason for the January 1999 prescription
4 of Depakote, and I think you've given some testimony
5 today that the medication was prescribed for two
6 reasons. One, as a treatment for seizure disorder,
7 but also --

8 A. Possible seizure disorder.

9 Q. Possible seizure disorder. And then also,
10 what was the other reason for the prescription?

11 A. Well, Depakote had been -- at that time,
12 had been -- starting to be utilized as a treatment of
13 bipolar disorder. And if you look at this lady,
14 there's literature, you know, that people with
15 certain types of seizure equivalence or seizure-type
16 disorders can produce some odd organic symptoms in
17 some people. So this was a lady that had a history
18 of -- had been diagnosed with schizoaffective
19 disorder which is schizophrenia plus an affective
20 component, bipolar-type component to the illness, and
21 with a pretty clear self-report history of at least
22 several seizures in her past and with an abnormal
23 EEG, even seeing that much on one EEG -- I mean, if
24 you look at EEGs in general, you know, maybe one EEG,
25 you only pick up a seizure disorder 50 to 70 percent

1 of the time, and it goes up if you repeat it. But
2 with a strong family history of the same, you know,
3 the idea that you might could help both parts of her
4 illness with one drug was somewhat attractive and
5 probably useful.

6 Q. Okay. Let me ask you this: In terms of
7 your risk-benefit analysis at the time, was it fair
8 to say that both the benefit to Ms. Burnett's seizure
9 disorder, treatment of her seizure disorder and the
10 benefit of the treatment of her schizoaffective
11 disorder, potential bipolar component of that
12 disorder, did those both weigh pretty substantial in
13 your risk-benefit analysis?

14 MS. WILLIAMSON: Object to the form.

15 Leading.

16 THE WITNESS: Yes.

17 BY MR. EVANS:

18 Q. You spent some time talking to
19 Ms. Williamson about the prescribing information,
20 PDR, for Depakote. Let me just ask you this as a
21 general proposition: Is -- is the package insert or
22 prescribing information for, you know, any particular
23 medication that you prescribe, is that the -- is that
24 the only source of information that's available to
25 you as a practicing doctor about the potential risk

1 how she responded to those medications, would be a
2 significant factor in terms of what other possible
3 treatment options might have been available to you in
4 January 1999?

5 A. It could have been. You know, I mean,
6 obviously, she could have been treated for a seizure
7 disorder with Dilantin or Phenobarbital or whatever.
8 Those drugs, although they would -- they might
9 address some of the issues she was having, they
10 haven't -- they hadn't really been used in the
11 affective component of people's illness that I'm --
12 with any success. Tegretol may be a little bit --
13 there was some people -- some people that used
14 Tegretol with a -- almost as a dual purpose, but it
15 actually turned out not to be so helpful.

16 Q. All right. Let me ask you this: Do
17 you -- you stand behind your decision to prescribe
18 Depakote for Ms. Burnett's --

19 A. I think it was -- I think it was a good
20 choice for her illness. She wasn't pregnant when we
21 started the drug. Unfortunately, she got pregnant.

22 I -- and the baby had -- evidently, you
23 know, had a neural tube defect. And that's a bad
24 thing. And this lady was a nice lady. And it was an
25 unfortunate thing.

1 A. Yeah.

2 Q. You're not currently treating her now,
3 correct?

4 A. No.

5 Q. Is it fair to say that you believe that
6 Depakote was the best choice to treat Ms. Burnett's
7 condition in 1999 -- in January 1999?

8 MS. WILLIAMSON: Object to the form.

9 Vague.

10 THE WITNESS: I think it was. I think, in
11 general, I wouldn't have probably tried her on
12 it if I didn't think it was.

13 BY MR. EVANS:

14 Q. All right. Do you know, Doctor, as you
15 sit here right now, whether or not any other -- you
16 familiar with the term "AED medication"?

17 A. Um-hmm.

18 Q. Yes?

19 A. Antiepileptic.

20 Q. And I'm just going to refer to them as AED
21 medications so I don't have to get tongue tied trying
22 to say antiepilepsy every time. Are you aware
23 whether or not any other AED medications contained a
24 black box warning about potential teratogenic effects
25 in 1999, besides Depakote?

1 CERTIFICATE OF REPORTER

2 I, Karen K. Kidwell, Registered Merit
3 Reporter and Notary Public for the State of South
4 Carolina at Large, do hereby certify:

5 That the foregoing deposition was taken
6 before me on the date and at the time and location
7 stated on page 1 of this transcript; that the
8 deponent was duly sworn to testify to the truth, the
9 whole truth and nothing but the truth; that the
10 testimony of the deponent and all objections made at
11 the time of the examination were recorded
12 stenographically by me and were thereafter
13 transcribed; that the foregoing deposition as typed
14 is a true, accurate and complete record of the
15 testimony of the deponent and of all objections made
16 at the time of the examination to the best of my
17 ability.

18 I further certify that I am neither related
19 to nor counsel for any party to the cause pending or
20 interested in the events thereof.

21 Witness my hand this 10th day of October, 2016.

22

23

24

25

15 Karen K. Kidwell,
16 Registered Merit Reporter
17 Notary Public
18 State of South Carolina at Large
19 My Commission expires:
20 August 21, 2024
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25